



PFML Medical Provider Toolkit

Paid Family and Medical Leave, or PFML, is a benefit program for Massachusetts employees offered by the Commonwealth. This guide will help you understand the program and your role in the application process.



Paid Family &
Medical Leave
MASSACHUSETTS

Inside

- 01** What is PFML?
- 02** What types of leave are available?
- 03** What is my role as a health care provider?
- 04** What is a serious health condition?
- 05** What are caring leave activities?
- 06** What documents do I need to complete?
- 11** Is there anything else I should know?

“What is PFML?”

PFML is a Commonwealth program designed to give Massachusetts employees the resources to manage their own serious health condition, the serious health condition of a family member, to manage the affairs of a family member on active duty, or to bond with a child. PFML provides temporary income replacement to eligible employees.

In addition, eligible employees are entitled to certain job protections. When an employee returns from leave, their employer is required to restore them to the same job they had before taking leave, or to a job that has the same pay status, employment benefits, length-of-service credit, and seniority.

FMLA versus PFML

Family and Medical Leave Act (FMLA)





- A **federal** law
- Covers businesses with **50 employees or more**
- Employees are eligible if they are employed for at least **12 months** with **1,250 hours worked**
- Employer is **not responsible** for any contributions
- Benefits provided include job protection, and **unpaid** family and medical leave

Paid Family and Medical Leave (PFML)

- A **state** law
- Covers businesses with **1 or more employees**
- Employees are eligible if they have **earned \$5,400 in 12 months** and earned **30 times their expected weekly benefit**
- Employer is responsible for **collecting and remitting** PFML contributions on behalf of employees
- Benefits provided include job protection, and **paid** family and medical leave



“What types of leave are available?”

Family leave		Medical leave
Up to 12 weeks	Up to 26 weeks	Up to 20 weeks
 Leave to bond with a child Leave to bond with the covered individual's child during the first 12 months after the child's birth or the first 12 months after the placement of the child for adoption or foster care with the covered individual.  Leave to care for a family member with a serious health condition Leave to care for a family member with a serious health condition. Activities can include: <ul style="list-style-type: none">• Providing daily living needs that the family member cannot perform due to their serious health condition• Providing transportation support for their serious mental health condition• Helping make arrangements for changes in care	 Leave to manage family affairs for active service members <ul style="list-style-type: none">• Leave to manage the affairs of a family member on active duty or who has been notified of an impending order to active duty in the Armed Forces or to care for a family member who is a covered service member who has been injured while on active duty.• Leave to manage the affairs of a covered service member is for a total of 12 weeks and counts towards the 12-week allotment for family leave.	 Leave to manage a serious health condition Leave to care for an individual's own serious health condition.



What is my role as a health care provider?

A health care provider is an individual licensed by the state, commonwealth, territory, or country in which the individual practices medicine, surgery, dentistry, chiropractic, podiatry, midwifery, or osteopathy.

This includes: podiatrists, dentists, clinical psychologists, optometrists, chiropractors, nurse practitioners, nurse midwives, clinical social workers, physician assistants, and Christian Science Practitioners listed with the First Church of Christ, Scientists in Boston, Massachusetts.

Health care providers play a critical role in:

- Informing patients and their families about PFML benefits right at the point of care, when and where they need it
- Helping patients and their families understand how their PFML benefits can help them with their recovery and family health
- Providing necessary certification or documentation to patients and their families

The application process

Medical leave application

Part of an employee's application is the [Certification of Your Serious Health Condition](#) form. This form has been recently updated to make it easier for you and your patient to use. You, as the medical provider, will need to attest to:

- Your patient's serious health condition and how it is affecting their ability to work
- The duration and frequency of leave - you only need to give an estimate
- Upcoming patient needs for medical events, such as medical leave that will either precede or follow childbirth before leave to bond with a newborn

Family leave application

Part of an employee's application is the [Certification of Your Family Member's Serious Health Condition](#) form (this is a new form for family leave). You will fill out this form to attest to:

- Your patient's serious health condition and how it is affecting their ability to take care of themselves
- The duration and frequency of leave - you only need to give an estimate
- Patient activities they might need help with, like driving to appointments or getting their meals and medication



“What is a serious health condition?”

A serious health condition is a physical or mental condition that prevents a patient from doing their job for more than 3 consecutive full calendar days, and requires 1 of these conditions:

- 2 or more treatments by a health care provider (in-person or during telehealth visits) within 30 calendar days of an inability to perform their duties
- Overnight stay in a hospital, hospice, or medical facility
- At least 1 treatment by a health care provider within 30 days of an inability to perform their duties, with plans for continued treatment, including prescriptions

Serious health conditions can include:

- Chronic conditions such as asthma or diabetes, that stop a patient from working some of the time, go on for some time, and require going to the doctor more than twice a year
- Permanent or long-term conditions such as Alzheimer’s disease, stroke, or terminal cancer, that might not be curable and will need ongoing attention but will not necessarily require active treatment. For example: when a person is in hospice
- Conditions requiring multiple treatments, such as chemotherapy, kidney dialysis, or physical therapy after an accident
- Conditions due to pregnancy or post-birth recovery that prevent a patient from working, as certified by a health care provider
- Complications related to a diagnosis of COVID-19 that prevent a patient from working, as certified by a health care provider

Serious health conditions may not include:

- Substance Use Disorder may be considered a serious condition covered by family or medical leave if the patient is receiving treatment from a health care provider, by a provider of health care services on referral by a health care provider, or by a program licensed by the MA Department of Public Health
- Cosmetic surgery is not considered a serious condition and is not covered for family or medical leave unless inpatient hospital care is required or unless complications develop

“What are caring leave activities?”

When caring for a family member with a serious health condition, activities can include but are not limited to:

- Providing the daily living needs that the family member cannot perform due to their serious health condition, such as helping them get dressed or preparing meals
- Providing transportation to the doctor or other facilities for appointments and treatment
- Providing support for their serious mental health condition, such as taking them to therapy or medication appointments for major depression
- Helping make arrangements for changes in care, such as a transfer to a nursing home

A patient can take leave to care for a family member for a variety of situations. Examples include:

- If the patient's mother is having a hip replacement and needs help getting to and from physical therapy, they can take reduced leave, and work fewer hours per day, or fewer days per week in order to help her
- If the patient's spouse is having surgery followed by extensive recuperation where they won't be able to shower without assistance, they can take up to 12 weeks of continuous leave to help them out
- If a patient's child is undergoing chemotherapy and has bouts of nausea, weakness, and pain, they can take intermittent leave when they need to care for them



“What documents will I need to complete?”

Certification of Your Serious Health Condition Form

- For patients requesting medical leave due to their own serious health conditions

Certification of Your Family Member's Serious Health Condition Form

- For patients requesting medical leave to care for a family member with a serious health condition
- For patients requesting medical leave to care for a family member who is a covered service member with a serious health condition

Certification of Your Serious Health Condition Form

Paid Medical Leave | **Certification of Your Serious Health Condition** Page 3

1 Employee Applying for Paid Medical Leave

Instructions ► **Complete this section with your own information.** The Department of Family and Medical Leave will use Section 1 to match this certification to the rest of your application for paid leave.

1 Your name:

First: Last:

2 (If different) Your name as it appears on official documents like a driver's license or W-2:

First: Middle: Last:

3 Phone #: - -

4 Date of birth: / /

2 Patient's Serious Health Condition

Instructions ► This form should be filled out by the employee's health care provider. For the employee to qualify for paid leave, the patient must have a serious health condition. Answer all questions fully and completely.

8 Does the patient you're caring for have a serious health condition as defined by the criteria on [Page 2](#)?

☐ Yes ☐ No

9 Which of the following apply to the patient's serious health condition?

☐ Requires, or did require inpatient care. ☐ Is chronic, requires treatments at least twice a year, and may require periodic absences.

☐ Has incapacitated or will incapacitate the patient for more than three consecutive full calendar days. ☐ Is long-term and requires ongoing medical supervision, with or without

If not, the patient is not eligible for PFML.

01 Section 1: Employee Applying for Paid Medical Leave

The employee, your patient, who is applying for paid leave, is responsible for completing Section 1.

02 Section 2: Patient's Serious Health Condition

You, as the health care provider, should complete Sections 2 through 5.

In Section 2, confirm that your patient has a serious health condition and what criteria apply.

- | | |
|--|--|
| | |
| | |
| | |
| | |
| | |

11 When did the condition begin?

Start date: / /

☐ Yes ☐ No

If yes, expected delivery date:


m	m	/	d	d	/	y	y	y	y
---	---	---	---	---	---	---	---	---	---

13 Is this health condition a job-related injury?

☐ Yes ☐ No

3 Estimate Leave Details

14 During this leave period, which of these patterns of leave do you expect the employee to need as a result of the patient's condition?

 Continuous leave:

Completely unable to work for consecutive, uninterrupted days.

Reduced leave schedule:

A consistent but reduced schedule for multiple weeks.

 Intermittent leave:

Multiple episodes of time off, which may be irregular or unexpected.

PART 3A - CONTINUOUS LEAVE

Full-time leave taken without interruptions.

- 15 During the leave period, how many weeks of continuous full-time leave do you expect the employee will require?

Weeks of continuous leave No continuous leave needed

16 When will the continuous leave period start and end?

Start date:

End date:

m m / d d / y y y y

PART 3B - REDUCED LEAVE SCHEDULE

A consistent schedule that is less than the employee's usual schedule. For example, taking off the same number of hours or days each week.

- 17 Not including continuous leave covered in [Part 3A](#), how many weeks of a reduced leave schedule will the employee need during the leave period?

Weeks of a reduced leave schedule No reduced leave schedule needed

18 When will the reduced leave schedule start and end?

Start date:

End date:

m m / d d / y y y y

19 How many hours should the employee take off per week during the reduced leave schedule?

Hours per week No reduced leave schedule needed

PART 3C - INTERMITTENT LEAVE

Leave taken in separate periods of time due to a single qualifying reason, rather than for one continuous period of time. For example, leave taken on an occasional basis or several days at a time over a period of months.

- 20** When will the intermittent leave schedule start and end?

Start date:

End date:

03

/ 07

4 Provider's Certification & Information

Instructions ▶ Sign and date to agree to this declaration. Provide the relevant licensing and contact information about your practice or business. Before returning the form to the employee, review to be sure you have initiated [Pages 3-6](#).



I certify that the information provided in this form is true and correct, that I have examined the patient and answered the questions accurately and to the best of my ability, and that I am a health care provider authorized to certify their condition.

See [page 2](#) for the definition of a health care provider.

24 Signature: _____ Date: / /

25 Printed name and title:

Name: _____

Title: _____

26 Certificate/license to practice number: _____ State/Country: _____

27 Area of practice or medical specialty: _____

Certification of Your Family Member's Serious Health Condition Form

1 Employee Applying for Family Caring Leave

Instructions ▶ Complete [Section 1 and 2](#). DFML needs to know your relationship with the family member to certify leave eligibility.

1 Your name:

First: _____ Last: _____

2 (If different) Your name as it appears on official documents like a driver's license or W-2:

First: _____ Middle: _____ Last: _____

3 Phone #: _____ - _____ - _____

4 Date of birth: / /

5 Last 4 digits of your Social Security Number or Individual Taxpayer ID Number (ITIN):

6 Why are you applying for leave?

- ☐ To care for a family member with a serious health condition
- ☐ To care for a family member with a serious health condition related to military service

◀ If you are applying for your own serious health condition, this is not the correct form. You need the [Certification of Your Serious Health Condition](#).

7 Occupation: _____

2 Family member information

Instructions ▶ DFML needs to know your relationship with the patient to certify leave eligibility.

8 The family member who is experiencing a serious health condition is my:

- ☐ Child ☐ Spouse or domestic partner ☐ Parent, or guardian who legally acted as my parent when I was a child
- ☐ Parent of my spouse or domestic partner ☐ Sibling ☐ Grandchild
- ☐ Grandparent

◀ For more detailed definitions of what family members fall into each of these categories see www.mass.gov/family-caring-leave-relationships

9 Family member's name:

First: _____ Last: _____

04

Section 4: Provider's Certification & Information

Provide information on your certification, and area of practice or medical specialty.

01

Section 1: Employee Applying for Family Caring Leave

The employee who is applying for paid leave to care for your patient should complete Section 1.

02

Section 2: Family Member Information

The employee should enter information about their family member, your patient, to complete Section 2.

3 Family Member's Serious Health Condition

Instructions ▶ This form should be filled out by the **healthcare provider of the patient**. The patient is the family member of the employee. The patient must have a serious health condition for the employee to qualify for paid leave to care for them. Answer all questions fully and completely.

- 14 Does the employee's family member (your patient) have a serious health condition as defined by the criteria on page 2?

☐ Yes ☐ No

◀ If not, then they are not eligible to be taken care of under family leave.

- 15 Which of the following criteria from page 2 apply to the patient's serious health condition?

- ☐ Requires, or did require inpatient care. ☐ Is chronic, requires treatments at least twice a year, and may require periodic absences.
- ☐ Has incapacitated or will incapacitate the patient for more than three consecutive full calendar days. ☐ Is long-term and requires ongoing medical supervision, with or without active treatment.
- ☐ Requires two or more medical visits within 30 days. ☐ Requires multiple treatments and would lead to a period of incapacity without treatment.
- ☐ Requires one medical visit, plus a regimen of care.

◀ Check all that apply.

- 16 When did the condition begin?

Start date: m m / d d / y y y y

◀ If this cannot be determined, provide a start date to the best of your ability.

- 17 Is this health condition related to the patient's military service?

☐ Yes ☐ No

◀ Check only one.

- 18 Describe the relevant medical facts and appropriate information related to the condition for which the patient needs care.

◀ Medical facts may include symptoms, diagnosis, or any regimen of continuing treatment using specialized equipment.

- 19 Will the employee be required to take leave to care for the patient?

☐ Yes ☐ No

- 20 Describe the kinds of care related to the patient's condition that the employee will provide.

◀ Examples of care may include providing medical, hygienic, nutritional or safety needs that the patient is unable to perform themselves; transportation to the doctor; etc.

03

Section 3: Family Member's Serious Health Condition

You, as the health care provider, should complete Sections 3 through 5.

In Section 3, confirm that your patient has a serious health condition and what criteria apply.

Estimate when the condition began and if it is related to the patient's military service.

Note any relevant medical information about your patient that shows that they will require care.

4 Estimate Leave Details

Instructions ▶ Provide your best estimate based on your medical knowledge, experience, and examination of the patient. Be as specific as you can be as terms like "unknown" or "indeterminate" may not be enough to approve a claim for paid leave benefits.

- 21 During this leave period, which of these patterns of leave do you expect the employee to need as a result of your patient's condition?

- ☐ **Continuous leave:**
Completely unable to work for consecutive, uninterrupted days
- ☐ **Reduced leave schedule:**
A consistent but reduced schedule for multiple weeks
- ☐ **Intermittent leave:**
Multiple episodes of time off, which may be irregular or unexpected

◀ Check all that apply.

Subsections 4A, B and C: For every leave pattern you selected above, estimate details of that leave below. If the patient's serious health condition requires an extension of the employee's leave, then the employee can submit a new application with a new certification for additional leave needs.

PART 4A - CONTINUOUS LEAVE

Full-time leave taken without interruptions.

- 22 How many weeks of continuous full-time leave will the employee require to care for their family member (your patient)?

Weeks of continuous leave ☐ No continuous leave needed

◀ Use this answer as a guide for entering dates in question 24.

- 23 When will the continuous leave period start and end?

Start date: m m / d d / y y y y End date: m m / d d / y y y y

◀ If the patient will need to be re-evaluated for a possible extension, it should be scheduled at least 14 days before the end date to avoid possible delays.

04

Section 4: Estimate Leave Details

Provide your best estimate on what type of leave schedule will be needed: continuous, reduced, intermittent, or a combination of the three.

Continuous Leave

Full-time leave taken without interruptions

Reduced Leave

Consistent schedule that is less than an employee's regular work schedule

Intermittent Leave

Leave taken in separate periods of time due to a single qualifying reason

5 Provider's Certification & Information

Instructions ▶ Sign and date to agree to this declaration. Provide the relevant licensing and contact information about your practice or business. Before returning the form to the employee, review to be sure you have initialed [Sections 1-4](#).



I certify that the information provided in this form is true and correct, that I have examined the patient and answered the questions accurately and to the best of my ability, and that I am a health care provider authorized to certify their condition.

See [page 2](#) for the definition of a healthcare provider.

- 30 **Signature:** Date: / /
- 31 **Printed name and title:**
Name:
Title:
- 32 **Certificate/license to practice number:** **State/Country:**
- 33 **Area of practice or medical specialty:**
- 34 **Name of your practice or business:**
- 35 **Address:**
- 36 **Office phone #:** - -
- 37 **Office fax #:** - - (optional)

05

Section 5: Provider's Certification & Information

Provide information on your certification, and area of practice or medical specialty.



“Is there anything else I should know?”

Can my patients combine medical and bonding leave?

An expectant mother or new mother is eligible to take medical leave during or after her pregnancy, if she has a serious health condition and certification from her health care provider that she is incapacitated from work due to the serious health condition.

If, as her health care provider, you feel she needs to take medical leave during or after pregnancy in addition to the 12 weeks of bonding leave, you will need to fill out a Certification of Your Serious Health Condition form for your patient.

Birth mothers should apply for medical leave first prior to applying for family bonding leave. They can then call the PFML Contact Center at (833) 344-7365 to start a claim for bonding leave.

Can my patients extend their leave and do I need to fill out the form for them again?

If your patient plans to extend their leave, they must notify DFML within fourteen (14) days of their leave end date and notify their employer at this time.

Health care providers can confirm the extension with the same form if it is filed within this time period. If your patient files after 14 days, they will need to start a new application and get a new medical form filled out by you.



DFML
MA Department of
Family and Medical Leave



Phone

Department of Family and Medical Leave
PFML Contact Center
833-344-PFML (7365)

Online

mass.gov/pfml